



2015 – 2016

ARIZONA HIGHLY QUALIFIED ATTESTATION FORM

SPECIAL EDUCATION: Teacher of Record Self-Contained Classroom (Grades K- 5)

Pursuant to requirements mandated by H.R. 1350, Sec. 602 – Individuals with Disabilities Education Improvement Act of 2004. To be completed by Special Education Teachers who are the Teacher of Record for students in grades K-8 to verify Highly Qualified status.

A Teacher of Record directly instructs, evaluates and assigns grades for core academic subjects.

Name:		SSN (last 4 digits):	
School:		LEA:	
Teacher Work Email:		School Employment Start Date (mm/yyyy) (Date of Hire):	

1. Holds a bachelor's degree or a more advanced degree from an accredited institution.

AND

2. Holds a valid Arizona Special Education Certificate (A.R.S. §15-502.B) – Intern, Provisional, Reciprocal, or Standard (including Charter Schools)

Disability Area(s) Listed on Certificate: _____

AND

3. Current Teaching Assignment:

Grade(s) Disability Area(s) must match #2 # of Periods Taught in this Core Content Area

Please check only ONE option below:

- a. ☐ Passed the Elementary Education Subject Knowledge AEPA #01 exam (K-8) **OR**
- b. ☐ Passed the Elementary Education Subject Knowledge NES Subtests I (NT102) and II (NT103) (K-8) **OR**
- c. ☐ Passed the Early Childhood Subject Knowledge AEPA #36 exam (covers K-3 only) **OR**
- d. ☐ Passed the Early Childhood Subject Knowledge NES (NT101) exam (covers K-3 only) **OR**
- e. ☐ Holds a valid National Board Early Childhood - Generalist Certificate (covers K-3 only) **OR**
- f. ☐ HQ Teacher Reciprocity - Has an out-of-state reciprocal exam or HOUSSE Rubric (documentation required) **OR**
- g. ☐ Earned a minimum of 100 points on the AZ HOUSSE Rubric for Early Childhood or Elementary Teachers, completed no later than June 30, 2007 (documentation required). An existing rubric may be utilized by teachers continuing or returning to teach in this content area.

*If you met the requirements for 1, 2, and 3 under federal guidelines, you are considered **Highly Qualified**.*

☐ **Highly Qualified Teacher**

☐ **Non-Highly Qualified Teacher**

I attest to the factual completion of this evaluation.

Signature of Teacher

Date

Printed Name of Principal

Signature of Principal

Date